Deployment Prescription Program (DPP)

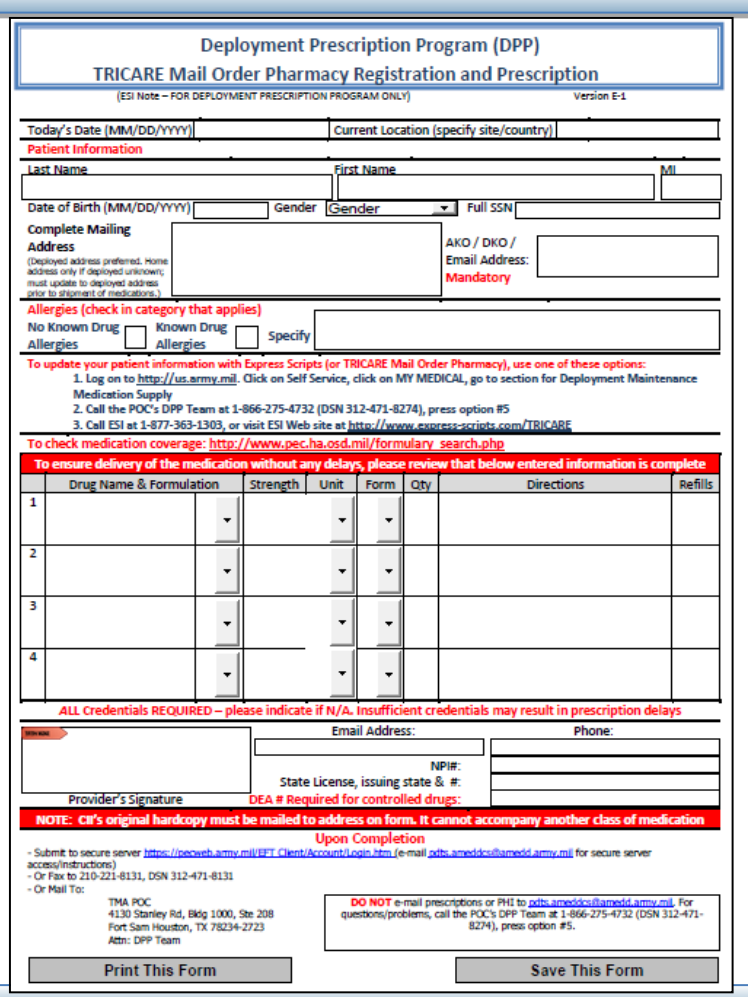
Overview for the Deployed Provider
January 2014

DHA Pharmacy Analytics Support Section (PASS)

- Primary point of contact for all questions about the Deployment Prescription Program (DPP)
- PASS's DPP Team serves as a liaison between the theater clinic/pharmacy, the service member (SM) and the TRICARE mail order pharmacy (Express Scripts / ESI) to ensure processing of deployment prescriptions

DPP RX Form

- Obtain the DPP RX form in the Documents folder on the DPP secure server or contact the PASS to request the DPP RX form via e-mail
- The form can be filled out electronically (*preferred*) or by hand (print clearly, use dark colored ink)
- Complete APO/FPO address must be provided
  - PASS will contact member for address verification if incomplete, illegible or showing stateside address
  - Average shipping time to address in theater is approx. 3-4 weeks
  - If order is to be shipped to home address, please annotate RX to avoid verification delay



Deployment Prescription Program (DPP)
TRICARE Mail Order Pharmacy Registration and Prescription
(ESI Note – FOR DEPLOYMENT PRESCRIPTION PROGRAM ONLY) Version E-1

Today's Date (MM/DD/YYYY) | Current Location (specify site/country)

Patient Information

Last Name | First Name | MI

Date of Birth (MM/DD/YYYY) | Gender | Full SSN

Complete Mailing Address
(Deployed address preferred. Home address only if deployed unknown; must update to deployed address prior to shipment of medications.)

AKO / DKO / Email Address: Mandatory

Allergies (check in category that applies)
No Known Drug Allergies | Known Drug Allergies | Specify

To update your patient information with Express Scripts (or TRICARE Mail Order Pharmacy), use one of these options:
1. Log on to http://us.army.mil. Click on Self Service, click on MY MEDICAL, go to section for Deployment Maintenance Medication Supply
2. Call the POC's DPP Team at 1-866-275-4732 (DSN 312-471-8274), press option #5
3. Call ESI at 1-877-363-1303, or visit ESI Web site at http://www.express-scripts.com/TRICARE

To check medication coverage: http://www.pec.ha.osd.mil/formulary_search.php

To ensure delivery of the medication without any delays, please review that below entered information is complete

	Drug Name & Formulation	Strength	Unit	Form	Qty	Directions	Refills
1							
2							
3							
4							

ALL Credentials REQUIRED – please indicate if N/A. Insufficient credentials may result in prescription delays

Provider's Signature | Email Address: | Phone: | NPI#: | State License, issuing state & #: | DEA # Required for controlled drugs:

NOTE: CII's original hardcopy must be mailed to address on form. It cannot accompany another class of medication

Upon Completion
- Submit to secure server https://pecweb.army.mil/EFT Client/Account/Login.htm (e-mail pdts.ameddcs@amedd.army.mil for secure server access/instructions)
- Or Fax to 210-221-8131, DSN 312-471-8131
- Or Mail To:

TMA POC
4130 Stanley Rd, Bldg 1000, Ste 208
Fort Sam Houston, TX 78234-2723
Attn: DPP Team

DO NOT e-mail prescriptions or PHI to pdts.ameddcs@amedd.army.mil. For questions/problems, call the POC's DPP Team at 1-866-275-4732 (DSN 312-471-8274), press option #5.

Print This Form | Save This Form

DPP RX Form (cont.)

- RX must include provider's authorizing signature and credentials
  - Electronic signatures are allowed and will be honored for non-controlled medications only
  - Hand-written signature required for Schedule II-V controlled medications
- The PASS will contact member and/or provider via e-mail for additional information, if necessary

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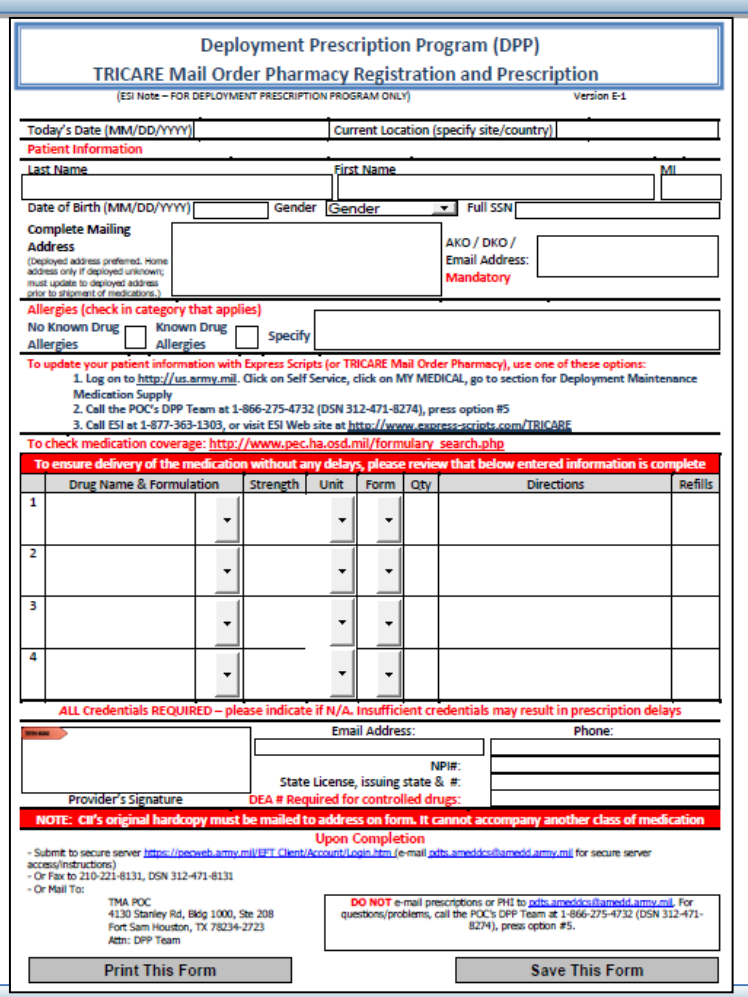

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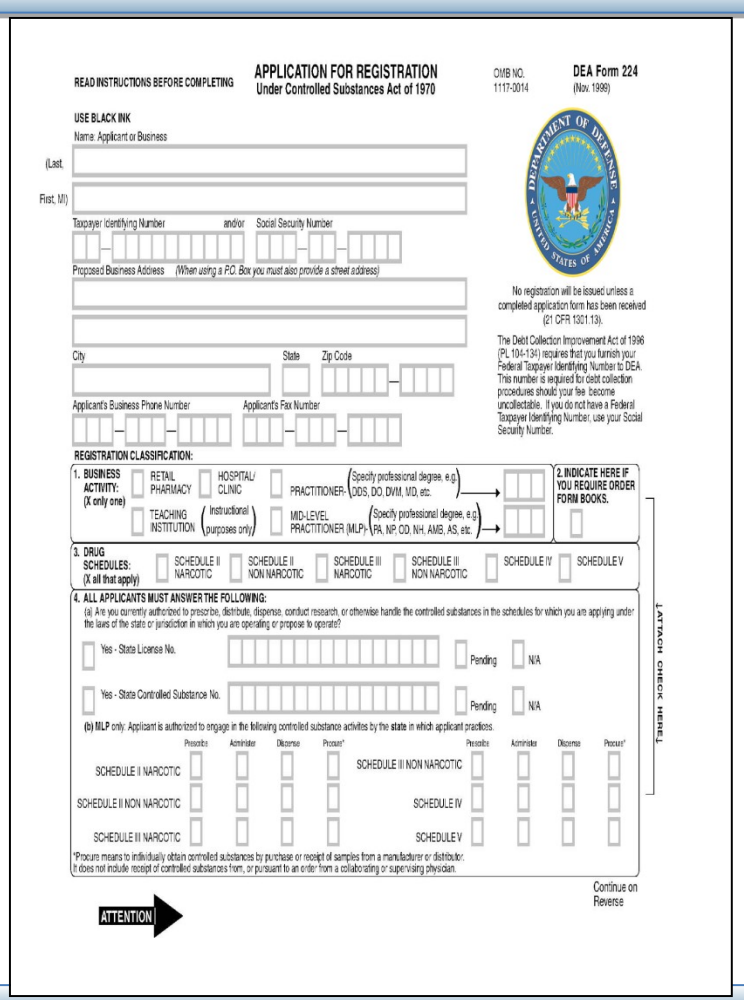
DPP RX Form (cont.)

- **A valid personal DEA# is required for all controlled substances.**
  - **Facility DEA# is not acceptable**
- If military provider does not possess their own DEA number, they may apply for one.
- Please visit the PEC website to view Fee Exempt DEA Memo and Application.



READ INSTRUCTIONS BEFORE COMPLETING

APPLICATION FOR REGISTRATION
Under Controlled Substances Act of 1970

OMB NO. 1117-0014

DEA Form 224
(Nov. 1999)

USE BLACK INK

Name: Applicant or Business

(Last)

First, MI)

Taxpayer Identifying Number and/or Social Security Number

Proposed Business Address (When using a P.O. Box you must also provide a street address)

City State Zip Code

Applicant's Business Phone Number Applicant's Fax Number

No registration will be issued unless a completed application form has been received (21 CFR 1301.13).

The Debt Collection Improvement Act of 1996 (PL 104-134) requires that you furnish your Federal Taxpayer Identifying Number to DEA. This number is required for debt collection procedures should your fee become uncollectable. If you do not have a Federal Taxpayer Identifying Number, use your Social Security Number.

REGISTRATION CLASSIFICATION:

1. BUSINESS ACTIVITY: (X only one) RETAIL PHARMACY; HOSPITAL/ CLINIC; PRACTITIONER (Specify professional degree, e.g. DDS, DO, DVM, MD, etc.); TEACHING INSTITUTION (Instructional purposes only); MID-LEVEL PRACTITIONER (MLP) (Specify professional degree, e.g. PA, NP, CD, NH, AMB, AS, etc.)

2. INDICATE HERE IF YOU REQUIRE ORDER FORM BOOKS.

3. DRUG SCHEDULES: (X all that apply) SCHEDULE II NARCOTIC; SCHEDULE II NON NARCOTIC; SCHEDULE III NARCOTIC; SCHEDULE III NON NARCOTIC; SCHEDULE IV; SCHEDULE V

4. ALL APPLICANTS MUST ANSWER THE FOLLOWING:

(a) Are you currently authorized to prescribe, distribute, dispense, conduct research, or otherwise handle the controlled substances in the schedules for which you are applying under the laws of the state or jurisdiction in which you are operating or propose to operate?

Yes - State License No. Pending N/A

Yes - State Controlled Substance No. Pending N/A

(b) MLP only: Applicant is authorized to engage in the following controlled substance activities by the state in which applicant practices.

	Prescribe	Administer	Dispense	Procure*		Prescribe	Administer	Dispense	Procure*
SCHEDULE II NARCOTIC					SCHEDULE III NON NARCOTIC				
SCHEDULE II NON NARCOTIC					SCHEDULE IV				
SCHEDULE III NARCOTIC					SCHEDULE V				

*Procure means to individually obtain controlled substances by purchase or receipt of samples from a manufacturer or distributor. It does not include receipt of controlled substances from, or pursuant to an order from a collaborating or supervising physician.

ATTACH CHECK HERE

Continue on Reverse

ATTENTION

http://pec.ha.osd.mil/pdts/pdts_

Mail Order Prescription Limitations

- Controlled medications – must have provider's hand-written signature; digital signature not accepted
- Medications that require refrigerated packaging *will not be* shipped to overseas locations
- Psychotropic medications – must see provider in theater for all follow-up/prescription renewals
- OTC medications *are not part of the TRICARE pharmacy benefit* through Mail Order (exception of Prilosec, Claritin, Claritin-D, Zyrtec and Zyrtec-D)
  - Allegra is considered OTC and is not available through MOP
- Smoking cessation medications are now covered by the TRICARE pharmacy benefit
  - Chantix is considered a non-deployable medication and proof of waiver is required

Reasons for Possible Delays

- Missing provider signature, or digital signature provided on controlled med RX
- CII RX submitted electronically (fax, scan/upload)
- Missing/incomplete/invalid RX date (post-dated RX not accepted)
- Missing/illegible/invalid drug name, strength or form
- Missing Quantity on RX
- Directions need clarification
  - incomplete
  - dosage form conflict (i.e. medication is a patch but directions written ‘one po qd’)
  - “use as directed” not acceptable – must specify quantity per dose, dosing frequency
- SM showing as ineligible for TRICARE coverage – may need to update orders with DEERS
- Patient is not TRICARE-eligible (e.g., civilian/contractor w/o DoD retirement benefits)
- Medications are OTC / excluded from TRICARE pharmacy benefit
- Medications are temperature-sensitive

CENTCOM Surgeon Policy on Psychotropic Medications

- Deploying SMs (and other TRICARE eligible contractors and civilians) may receive up to 180 day supply of psychotropic medications as initial pre-deployment supply
  - Exception is for CII stimulants - 90 day MAX
- SMs will need to see a provider in theater for follow-up care and new prescriptions to ensure close monitoring.
  - Mail order prescriptions for psychotropic medications are not accepted from pre-deployment sites
- If determined that SM is stable on a psychotropic medication, the theater provider may send a new prescription to the PASS
  - If prescriptions are being written for non-deployable medications, providers must write the indication on the DPP RX form or provide proof of waiver

    (Reference PPG TAB A, paragraph 7.I)

Schedule II Controlled Medications

- Schedule II controlled substances (ex. Concerta ®) *require* a hardcopy paper prescription with provider's original "wet" signature and a valid personal DEA #
  - Photocopied, scanned, faxed or digitally signed Schedule II prescriptions will NOT be accepted
- Max 90-day supply of Schedule II RXs may be authorized at one time with no refills
- If errors are identified, a NEW prescription may be required
- DPP RX form is sufficient – not necessary to submit DD1289 as well
- Schedule II RXs must be mailed to the PASS:

Department of Defense
DHA PASS, attn: DPP Team
4130 Stanley Rd, Ste 208
JBSA Ft Sam Houston, TX 78234
OFFICIAL BUSINESS

Special Mail Order Situations

- DoD contractors and civil service employees are NOT eligible to use TRICARE mail order pharmacy
- TRICARE-eligible beneficiaries (retirees, spouses) working as deployed contractors or civil service employees
  - are eligible to use TRICARE mail order pharmacy
    - EXCEPTION: If member has other health insurance, TRICARE is considered secondary and member must utilize their other pharmacy benefits
  - *responsible* for any applicable co-pays
  - limited to 90-day supply only
  - Spouses must provide Sponsor SSN, not their own
- Transitional Assistance Management Program (TAMP) members
  - are eligible to use TRICARE mail order pharmacy
  - *responsible* for any applicable co-pays
  - limited to 90-day supply only
  - If orders have been extended, update record with DEERS to reflect active status to be eligible for 180-day supply

Submitting a Prescription From Theater

- RX should be submitted to PASS for processing
  - DO NOT SUBMIT PRESCRIPTIONS VIA E-MAIL HIPAA VIOLATION
  - Clinic/pharmacy upload RX via DPP secure server (*PREFERRED*)
  - Fax to 210-221-8131 / DSN 312-471-8131
    Cover sheet must indicate fax origin, # of pages & sender contact info
  - Send via postal mail (required for CII prescriptions):
    Department of Defense
    DHA PASS, ATTN: DPP Team
    4130 Stanley Rd, Ste 208
    JBSA Ft Sam Houston, TX 78234
    OFFICIAL BUSINESS
- The PASS will review and forward RX to ESI for processing within 1-2 business days, if no errors identified
  - RX will be filled by ESI automatically – it is NOT necessary for SM to request initial fill online via ESI website

❖ Prescriptions submitted directly to ESI may not be identified as DPP, resulting in delayed or incorrect processing!

Requesting DPP Secure Server Access

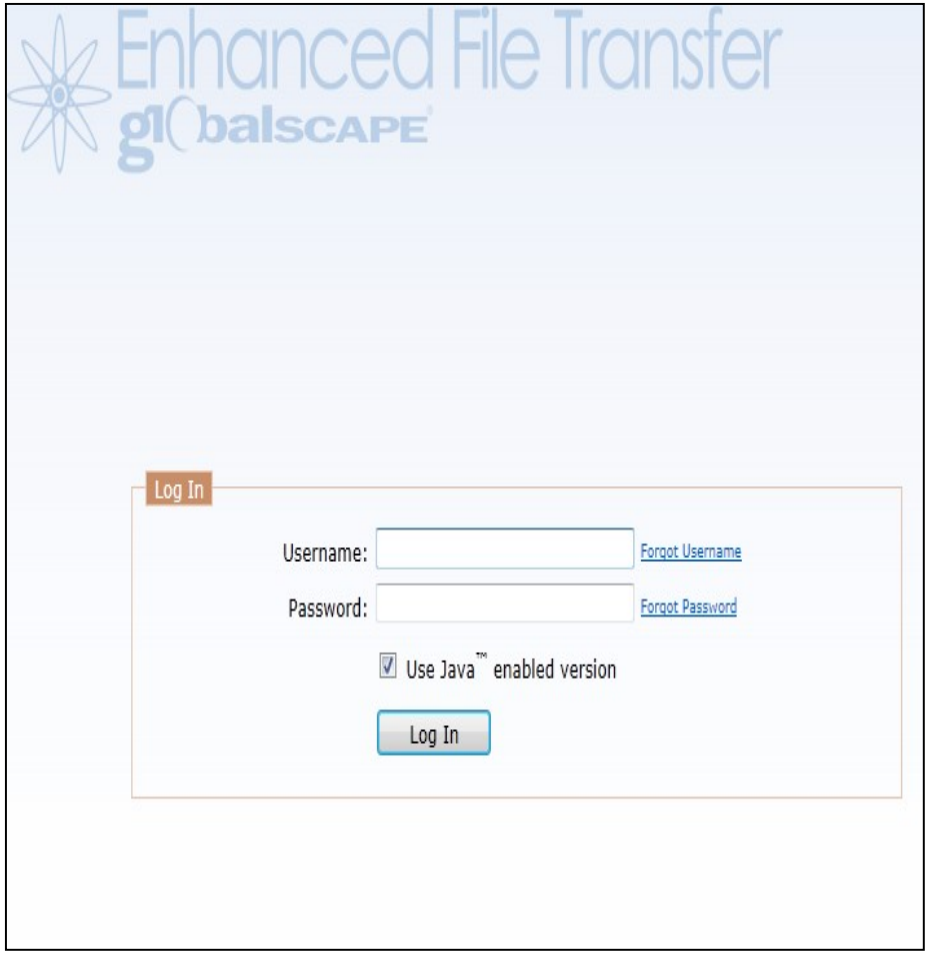
- The provider may contact the PASS via e-mail @ usarmy.jbsa.medcom-ameddcs.mbx.pdts-ameddcs@mail.mil to request access to the DPP secure server for prescription upload
- Request must include provider's name, rank, military e-mail address, their clinical status (MD, PA, NP, pharmacist, etc.), and deployed location (Afghanistan, Kuwait, etc.)
- Access account is for the individual's use ONLY and should not be shared. Additional access accounts should be requested for alternate personnel.
- *Server access is limited to key clinical personnel (includes pharmacy) ONLY.*

  Submission by the member is prohibited in an effort to thwart fraudulent prescriptions.

Server Upload Instructions

- Save the completed document to your computer. It is suggested that the file be named with the member's name.
  - Forms with hand-written signature must be printed and scanned into a new image file before saving
- Access the PEC FTP secure server at:

  https://pecweb.army.mil
- Upload file into the appropriate folder based on current location (Afghanistan, Kuwait, etc.)
  - Files cannot be opened or removed once uploaded. If you identify an error, please resubmit and notify the PASS.
- After upload has been completed, an e-mail may be sent to the PASS to confirm receipt.



Contact Information

Email:
usarmy.jbsa.medcom-ameddcs.mbx.pdts-ameddcs@mail.mil

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Commercial 210-221-8274
(press menu option 5)